

NOTICE TO RADIATION THERAPISTS, RADIOGRAPHERS, AND NUCLEAR MEDICINE TECHNOLOGISTS

The Maryland Board of Physicians (the Board) issues licenses to eligible applicants year round. If deemed eligible for licensure, when do you wish to be licensed? Please read the next page carefully, make your choice, complete the form, and return it with your application to the Board.

Thank you for your cooperation.

PLEASE COMPLETE NEXT PAGE OF THIS FORM

MARYLAND BOARD OF PHYSICIANS

P.O. Box 2571

Baltimore, MD 21215-0095

**APPLICATION FOR LICENSURE FOR RADIATION THERAPISTS,
RADIOGRAPHERS, AND NUCLEAR MEDICINE TECHNOLOGISTS**

Applicant's Preferred Date of License

**Licenses for Radiation Therapists, Radiographers and Nuclear Medicine Technologists
expire on April 30 of every odd year regardless of the date the Board issued the license.**

The Maryland Board of Physicians (the Board) issues licenses to eligible applicants year round. Applicants eligible for licensure may choose to be licensed BEFORE April 30, 2009 or AFTER April 30, 2009.

Instructions: Please choose Option 1 or Option 2. Print your name, sign and date the form, and include it with your application for licensure. The Board will issue the license only upon receipt of this signed form.

Option 1

_____ If determined eligible for licensure, I want to be licensed **BEFORE** April 30, 2009. If licensed, I understand that: (1) I will be required to renew the license and pay a renewal application fee before the license expires on April 30, 2009; and (2) the Board will issue the license only upon receipt of this signed form.

Signature: _____ Date: _____

Name in Print: _____

Option 2

_____ If determined eligible for licensure, I want to be licensed **AFTER** April 30, 2009. If licensed, I understand that: (1) the license will be effective on May 1, 2009 or later; (2) the license will expire April 30, 2011; (3) I **MAY NOT** work as a radiation therapist, radiographer, or nuclear medicine technologist in Maryland **prior** to receiving my license; and (4) the Board will issue the license only upon receipt of this signed form.

Signature: _____ Date: _____

Name in Print: _____